

**U. S. DEPARTMENT OF ENERGY
EM CONSOLIDATED BUSINESS CENTER
NOMINATION FOR TIME-OFF AWARD**

Employee(s) Name and Organization:	Title:	Date(s) of Achievement:

Amount of Time-Off Award for Which Nominated:

Justification: (If needed an additional sheet may be attached)

Mr./Ms. Doe has performed above and beyond the expectations of his/her assigned duties by accepting, coordinating and completing the _____ program for the _____ at the _____. He/She completed this tasking using his/her own judgment and expertise in the successful organization, planning and execution of the _____ program. Mr./Ms. Doe completed this assignment on schedule and within _____ funding constraints. This program has broad application and will be used as the model by other _____ programs around the EMCBC and Department of Energy to _____. Mr./Ms. Doe worked with other sites and kept the _____ management well informed of efforts and progress. His/her leadership of this important project makes _____ a model that the rest of the EMCBC and Department of Energy should strive to emulate in accomplishing their mission.

Value of Benefit: Mr./Ms. Doe's efforts have a _____ value to the _____ and the EMCBC, in that he/she has provided a baseline for the status of the _____. In _____ efforts, Mr./Ms. Doe has assured that action _____ will be accounted for.

Extent of Application: Besides his/her highly valued efforts that affect the EMCBC, the individual's initiated a one-time _____ program that will be the forerunner for the EMCBC for the Department of Energy efforts at other _____ sites within the EM organization.

I have considered fully the wage cost and productivity loss in granting this time-off award. The amount of time-off granted is commensurate with the individual's contribution or accomplishment. I also considered the EMCBC's workload and the employee's leave projections and certify that the employee can schedule the time-off in addition to other scheduled leave. I also considered other available forms of recognition in determining the amount of this time-off award.

Name/Title of Supervisor:	Signature:	Date
Name/Title of Approving Official:	Signature:	Date
Supervisor Completes: Mr. Mrs. _____ has received previous time-off awards for this year in the amount of _____ hours.	Date HR Processed:	